MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05370

5398

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dunkirk X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 15X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bryan (Middle) Jennings (Last) Abell Jr
4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 28. 1928
9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Drayman Mover
10b. KIND OF BUSINESS OR INDUSTRY: Hauling
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bryan Abell Sr
14. MOTHER'S MAIDEN NAME: Florence I. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1945-1946
16. SOCIAL SECURITY NO.: 577-32-9374
17. INFORMANT & ADDRESS: Doris I. Abell, 829 Gist Ave. Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

816X

Immediate cause (a) Fractured skull

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cut Conduct c̄ auto

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Conduct
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Dunkirk (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 6 (Day) 7 (Year) 54 (Hour) 1230 A m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Cut Conduct c̄ auto.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1230 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Dunkirk Md DATE SIGNED 6/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/10/54
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 6/7/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Pumphrey Funeral Home
ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05371

5399 CERTIFICATE OF DEATH Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 15 X-2
STREET ADDRESS 829 Gist Ave (If rural give location) Silver Spring

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Edward (Last) Abell
4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 54

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar. 30, 1930
9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mower
10b. KIND OF BUSINESS OR INDUSTRY: Hauling
11. BIRTHPLACE (State or foreign country): Takoma Park, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bryan J. Abell, Sr
14. MOTHER'S MAIDEN NAME: Florence D. Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 578-36-8317
17. INFORMANT & ADDRESS: Doris D. Abell 829 Gist Ave Silver Spring

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
Immediate cause (a) Burned
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fractured skull
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Auto accident = Auto

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Roadway (CITY OR TOWN) Prince (COUNTY) Calvert (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 7 (Year) 54 (Hour) 1230 m. A
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Car accident = Auto

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1230 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/9/54
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR 6/7/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR ADDRESS Pumphrey Funeral Home Hyattsville, Md.

VS. A15

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05372

5400 **CERTIFICATE OF DEATH**

Reg. Dist. No. 57

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr. Fred, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr. Fred, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) E. (Last) Brooks

4. DATE OF DEATH: (Month) 6 (Day) 30 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: C

7. SINGLE, (MARRIED,) WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Parker

14. MOTHER'S MAIDEN NAME: Ida White.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Joe White, Adelina, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442x

(a) Hypothermia cardio vas. rural disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1947, to 6/30, 1954, that I last saw the deceased alive on 6/30, 1954, and that death occurred at 5:05 A.M., from the causes and on the date stated above.

SIGNATURE J. J. Weems (Degree or title) Dr. ADDRESS Huntingtown Md DATE SIGNED 7/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-3-54 NAME OF CEMETERY OR CREMATORY Mt. Olive LOCATION (City, town, or county) Calvert, (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-2-54 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell Pr. Fred, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5401 **CERTIFICATE OF DEATH** 05373

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Brooks

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1954

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Jan 1884
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer General
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Brooks
14. MOTHER'S MAIDEN NAME: Anne Bowen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lena Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary embolism DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Dropped dead in field

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 Am from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) D. M. Z. Gray ADDRESS Md DATE SIGNED 6/5/54

23. (BURIAL) CREMATION, REMOVAL (Specify)
DATE THEREOF 6-8-54
NAME OF CEMETERY OR CREMATORY Plum Point
LOCATION (City, town, or county) Calvert Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-7-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Pr. Fred, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1954
BUREAU V. S.

Film#G167 Item# 7 6/15/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05374

CERTIFICATE OF DEATH

5402

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 312 Whitridge Ave
STREET ADDRESS (If rural give location) Balto Md 3V01.4

3. NAME OF DECEASED: (Type or Print) (First) Helen P. Carey (Middle) (Last)
4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 8, 1915
9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Thomas
14. MOTHER'S MAIDEN NAME: Elsie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-20-4735
17. INFORMANT & ADDRESS: Mrs Verna Twomp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816X

Immediate cause (a) Fractured skull DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Auto Accident c Auto

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Highway
(CITY OR TOWN) Prince Frederick (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 6 (Day) 7 (Year) 54 (Hour) 1230 A m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Auto Accident c Auto

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1230 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] D M E ADDRESS Dwing Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/10/54
NAME OF CEMETERY OR CREMATORY Lorraine Cemetery
LOCATION (City, town, or county) Baltimore, Md (State)

DATE REC'D BY LOCAL REGISTRAR 6/7/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR A. A. Harkness, Mutual, Md. ADDRESS Funeral Home

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1954
BUREAU V. S.

Film#G167 Item# 7 6/15/54 enf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05375

5403 CERTIFICATE OF DEATH Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 312 Whitridge Ave
STREET ADDRESS (If rural give location) Balto 16

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) R (Last) Carey
4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 29, 1913
9. AGE last birthday. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.: 41 yrs.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired
10b. KIND OF BUSINESS OR INDUSTRY: Ship yard
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Norman Carey
14. MOTHER'S MAIDEN NAME: Ella Talbott
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or date of service)
16. SOCIAL SECURITY No.: 218-14-3574
17. INFORMANT & ADDRESS: Mrs. Vernon Irving

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Fractured Skull, neck & internal injs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Auto PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Prince (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 1230 P.M. INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from ..., 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 1230 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/10/54
NAME OF CEMETERY OR CREMATORY Lorraine Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR 6/7/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR A. D. Harkness, Mutual, Md. Funeral Home
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5404 CERTIFICATE OF DEATH

05376

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. — COUNTY Cal.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural give location) 119 S. Monroe St.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) L. (Last) Di Silverio

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 4.16.96

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Kirby

14. MOTHER'S MAIDEN NAME: Laura Magaha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Family Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Uremia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic nephritis

DUE TO (c) Cirrhosis of liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 54, to June 30 54, that I last saw the deceased alive on 6/30 54, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edw. Williams M.D. — ADDRESS St. Leonard — DATE SIGNED 6/30

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 7-6-54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REGISTRAR 7-2-54 — REGISTRAR'S SIGNATURE A. W. Frederick — 24. FUNERAL DIRECTOR Jos. L. Di Cleary — ADDRESS

$130 G.F.O. Plus

VS. A15

Mr Villarreal
St Leonard.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5405

CERTIFICATE OF DEATH

05377

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dunkirk
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Henry (Last) Fowler

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Single

8. DATE OF BIRTH: August 26 1934

9. AGE Last birthday: 19 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Fowler

14. MOTHER'S MAIDEN NAME: Isabel White

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Edward Fowler - Dunkirk, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

196X

Immediate cause (a) [illegible] DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March ..., 19 54, to June 20 ..., 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/23/54 NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery LOCATION (City, town, or county) (State) Upper Marlboro Md.

DATE REC'D BY LOCAL REGISTRAR 6/22/54 REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings Md.

BUREAU V. S.

Film#G167 Item# 12
6/21/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05378

5406 CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nicolo (Middle) (Last) Genua, Sr
4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Apr. 29 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Repair
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs A Genua

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had been under treatment

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 . , to ..... , 19 . , that I last saw the deceased alive on ..... , 19 , and that death occurred at 6 30 pm, from the causes and on the date stated above.
SIGNATURE H W Ward (Degree or title) Owing Md Dye ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 6/5/54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Prince George (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6/2/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Rinaldi Funeral Home ADDRESS 816 H. St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 14 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05379

5407 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY: CALVERT — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): PRINCE FREDERICK
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CALVERT COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: CALVERT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): LUSBY
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) (Last) GRAY

4. DATE OF DEATH: (Month) JUNE (Day) 30 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 10-15-1906

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CALVERT CO. MD.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: WILL GRAY

14. MOTHER'S MAIDEN NAME: HENRIETTA JOHNSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Alex Phillips. Lusby Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Heart failure

DUE TO

(c) General sclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27, 1954, to 6/30, 1954, that I last saw the deceased alive on 6/30, 1954, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. Williams M.D. — ADDRESS: St Leonard — DATE SIGNED: 6/30.

23. (BURIAL) CREMATION, REMOVAL (Specify)

DATE THEREOF: 7-4-54

NAME OF CEMETERY OR CREMATORY: St. Johns

LOCATION (City, town, or county) (State): Lusby, Md.

DATE REC'D BY LOCAL REGISTRAR: 7-2-54

REGISTRAR'S SIGNATURE: H. W. Ward

24. FUNERAL DIRECTOR ADDRESS: P. E. Sewell Pr. Fred, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1954
BUREAU V. S.

05380

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5408 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Leonards
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) M. (Last) Humphreys

4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: May 28, 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months 0 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Calvert Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josh Humphreys
14. MOTHER'S MAIDEN NAME: ? Blunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Catherine A. Humphreys - St. Leonards, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Found dead in bd

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ——, 19 , to ——, 19 , that I last saw the deceased alive on ——, 19 , and that death occurred at 6:30 pm, from the causes and on the date stated above.

SIGNATURE A. W. Ward (Degree or title) D. M. E. Owing ADDRESS Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 28, 1954
NAME OF CEMETERY ~~OR CREMATORY~~ Waters Memorial
LOCATION (City, town, or county) Island Creek, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6-28-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1
BUREAU V. S.

Film#G167 Item# 7 6/15/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05381

5409

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Carlisle MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Vestal X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carlisle
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olivet
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) S McCready (Last) Jr
4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1954

5. SEX: M
6. COLOR OR RACE: Wo
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10/23/29
9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Miner
10b. KIND OF BUSINESS OR INDUSTRY: Shipyard
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Earl McCready Jr
14. MOTHER'S MAIDEN NAME: Ethel Howard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-24-8709
17. INFORMANT & ADDRESS: Mrs Verna E Ewing

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816 X

Immediate cause (a) Crushed chest DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fractured skull DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) (COUNTY) Carlisle (STATE) Md
TIME OF INJURY (Month) 6 (Day) 7 (Year) 54 (Hour) 12:30 A m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from ..., 19 , to ..., 19 , that I last saw the deceased alive on ..., 19 , and that death occurred at 12:30 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) H W Ward M E Ewing ADDRESS md DATE SIGNED 6/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/10/54
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) Olivet (State) Md

DATE REC'D BY LOCAL REGISTRAR 6/7/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR A. A. Harkness, Mutual, Md. ADDRESS
Funeral Home

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05382

5410 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooms Island
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.C. COUNTY Gaston
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gastonia
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Farrell (Middle) Wood (Last) Saine
4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.C.
8. DATE OF BIRTH: Jan. 21, 1910
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Bakery
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W.J. Saine
14. MOTHER'S MAIDEN NAME: Bunah Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Nary (If Yes, give war or dates of service) Yes
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: W.J. Saine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Drown 6/29/54 3 AM
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Found 7/2/54 10 AM
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Explosion on load

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rt. River
(CITY OR TOWN) Brooms Island (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/29/54 3 AM
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Explosion of Gas

22. I hereby certify that I attended the deceased from ——, 19 —, to ——, 19 —, that I last saw the deceased alive on ——, 19 —, and that death occurred at 3 — A, from the causes and on the date stated above.
SIGNATURE (Degree or title) H. McVaid D.M.E. ADDRESS Owing Md DATE SIGNED 7/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation
DATE THEREOF July 3, 1954
NAME OF CEMETERY OR CREMATORY Holley Wood Cemetery
LOCATION (City, town, or county) (State) Gastonia - Gaston Co., Md
DATE REC'D BY LOCAL REGISTRAR 7/3/54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05383

5411

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ved COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS 803 Kent Ave (If rural give location) Silver Spring

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) P. (Last) Schweinhart

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7/26/30
9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): File Setter
10b. KIND OF BUSINESS OR INDUSTRY: Filing
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Schweinhart
14. MOTHER'S MAIDEN NAME: Clara Redmond

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1951-1954
16. SOCIAL SECURITY No.: 18-53-30-200
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed head DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cont Accident

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Prince (COUNTY) Calvert (STATE) Ved
TIME OF INJURY (Month) 6 (Day) 7 (Year) 54 (Hour) 1230 A m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Cont Accident

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19.., that I last saw the deceased alive on ....., 19.., and that death occurred at 1230 A m, from the causes and on the date stated above.

SIGNATURE H. Wilford (Degree or title) D.M.E. ADDRESS Owen Ved DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/10/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR 6/7/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Pumphrey Funeral Home ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05384

5412 CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring; STREET ADDRESS (If rural give location) 803 East Lake Drive

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Lee (Last) Schweinhart

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/8/34

9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Marine Corp.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Washington, D.C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Schweinhart

14. MOTHER'S MAIDEN NAME: Clara Redmond

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Feb. 1954

16. SOCIAL SECURITY No.: 185-34-55

17. INFORMANT & ADDRESS: Thomas Schweinhart 1106 Linden ave. Takoma Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull & DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Crushed ribs DUE TO

(c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Auto; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hwy; (CITY OR TOWN) Galt; (COUNTY); (STATE) Md

TIME OF INJURY (Month) 6 (Day) 7 (Year) 54 (Hour) 12 A m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from ..., 19.., to ..., 19.., that I last saw the deceased alive on ..., 19.., and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) H. W. Ward & M.D. ADDRESS Derwood Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 6/10/54; NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery; LOCATION (City, town, or county) Wash. D. C.; (State)

DATE REC'D BY LOCAL REGISTRAR 6/7/54; REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Pumphrey Funeral Home; ADDRESS Hyattsville Md.

VS. A15

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05385

5413

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) First: Milton (Middle): E (Last): Stottlemyer Jr.

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 30, 1929

9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR (Months, Days) IF UNDER 24 HRS. (Hours, Min.)

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mover

10b. KIND OF BUSINESS OR INDUSTRY: Hauling

11. BIRTHPLACE (State or foreign country): Wash. D. C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Milton R. Stottlemyer

14. MOTHER'S MAIDEN NAME: Hattie M. Buckley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): 1946-1949

16. SOCIAL SECURITY NO.: 216-22-0937

17. INFORMANT & ADDRESS: Grace J. Stottlemyer 2666 Kirkwood Pl Hyattsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 816 Fractured skull

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Crushed chest
DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Int Contusion

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway
(CITY OR TOWN): Prince Frederick
(COUNTY): Calvert
(STATE): Md
TIME OF INJURY (Month) 6 (Day) 2 (Year) 54 (Hour) 12:30 p.m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Int Contusion

22. I hereby certify that I attended the deceased from ,19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 1230 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title): Howard Dr E Dunn
ADDRESS: Prince Frederick
DATE SIGNED: 6/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/9/54
NAME OF CEMETERY OR CREMATORY: Fort Smith Cemetery
LOCATION (City, town, or county) (State): Dunkirk

DATE REC'D BY LOCAL REGISTRAR: 6/7/54
REGISTRAR'S SIGNATURE: Grace L. Hutchins

24. FUNERAL DIRECTOR: Humphrey Funeral Home
ADDRESS: Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05386

5414 **CERTIFICATE OF DEATH** Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sophia (Middle) (Last) Studivant
4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 28 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bill Collins
14. MOTHER'S MAIDEN NAME: Elizabeth Lawhorn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Annie Hall - North Beach Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Decompensated heart failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic nephritis

DUE TO

(c) Diabetes mellitus

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to 6/17, 1954, that I last saw the deceased alive on 6/17, 1954, and that death occurred at 3:50 am, from the causes and on the date stated above.
SIGNATURE (Degree or title) R. Williams M.D. ADDRESS St Leonard DATE SIGNED 6/17

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/19/54
NAME OF CEMETERY OR CREMATORY Mt. Harmony Cemetery
LOCATION (City, town, or county) Mt. Harmony (State) Md
DATE REC'D BY LOCAL REGISTRAR 6/18/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1954
BUREAU V. S.

Film#G167 Item# 7 6/15/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5415

05387

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ambrose
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olivet
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Martin (Last) Thomas

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept
9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fellows
10b. KIND OF BUSINESS OR INDUSTRY: Farge
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Thomas
14. MOTHER'S MAIDEN NAME: Ellie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes
16. SOCIAL SECURITY No.: 217-16-1332
17. INFORMANT & ADDRESS: Verna E. Erwin Jr. Olivet

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Broken neck DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto accident

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Ambrose (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 6 (Day) 7 (Year) 54 (Hour) 1234 A m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I attended the deceased from ..... 19 ..., to ..... , 19 ..., that I last saw the deceased alive on ..... , 19 ..., and that death occurred at 1230 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward D. McE. ADDRESS Irvine Md DATE SIGNED 6/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/10/54
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) Olivet Md. (State)
DATE REC'D BY LOCAL REGISTRAR 6/7/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR A. A. Harkness Funeral Home
ADDRESS Mutual Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05388

5416

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Flint~~ Dunkirk
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olivet
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mrs Effie (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1954

5. SEX: ~~Wt~~

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: ?

9. AGE last birthday. IF UNDER 1 YEAR IF UNDER 24 HRS. 65 yrs. Months | Days | Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): W

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benj. Thomas

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Verna Ewing

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816X

Immediate cause (a) Crushed skull

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auto Accident

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Highway

(CITY OR TOWN) Vinchester (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 6 (Day) 7 (Year) 54 (Hour) 1230 A m.

INJURY OCCURED While at Work ☐ Not Wh. At Work ☒

HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from ..., 19 ..., to ..., 19 ..., that I last saw the deceased alive on ..., 19 ..., and that death occurred at 1230 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Owing Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6/10/54

NAME OF CEMETERY OR CREMATORY Olivet Cemetery

LOCATION (City, town, or county) (State) Olivet, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/7/54

REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR A. A. Harkness, Mutual Funeral Home ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05389

5417 CERTIFICATE OF DEATH Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Pr. Frederick
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Calvert.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Beach
STREET ADDRESS (If rural give location) Erie Street

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) M. (Last) Thomas

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 23, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Gray

14. MOTHER'S MAIDEN NAME: Susan Goser.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: Mrs. Charles E. Young, Erie St., North Beach, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Nephritis ?

DUE TO

(c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to June 22, 1954, that I last saw the deceased alive on 6/22, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE Carl Leonard (Degree or title) ADDRESS St Leonard DATE SIGNED June 22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/25/54 NAME OF CEMETERY OR CREMATORY Slipperyrock Cemetery LOCATION (City, town, or county) Lawrence County, (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 6/30/54 REGISTRAR'S SIGNATURE H. H. Hard

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

RECEIVED
JUL 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05390

5418 CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowell
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowell
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Zoney (Last) White

4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 7

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Zoney

14. MOTHER'S MAIDEN NAME: Rebecca Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Lorimer Buchanan, Dowell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary embolism — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hardeen taking medicine, Dropped dead

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. W. Ward D.M.E. Prince Fred Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6-9-54

NAME OF CEMETERY OR CREMATORY St Johns

LOCATION (City, town, or county) (State) Lusby, Md

DATE REC'D BY LOCAL REGISTRAR 6-7-54

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR ADDRESS P. E. Sewell Prince Fred, Md

RECEIVED
JUN 8 1954
BUREAU V. S.